CTMS Financial Billing SIG Teleconference
Meeting Minutes

Meeting Date	Thursday, September 9, 2004
	10 AM EDT
Attendees:	**Working group coordinator**: Harshawardhan Bal (Booz Allen Hamilton) **Participants:**

Name	Email	Center
Jill Kuennen (SIG lead)	jill-kuennen@uiowa.edu	Iowa
Jieping Li	lj38@georgetown.edu	Georgetown
Karen Roz Hauck	rozka@jhmi.edu	Johns Hopkins
Michael Davis	davismk@upmc.edu	UPMC

Agenda	1. Presentation on high-level workflow from manual financial billing system at U. Iowa 2. Discussion regarding financial billing systems from cancer centers (UPMC, Vanderbilt, others) to develop workflows and requirements
General discussion points raised by participants:	Jill Kuennen explained that the focus of the Financial Billing SIG would be to create the budget and the study calendar components of the financial billing system. This necessitated access to demos of existing systems or workflows from participating cancer centers in order to develop specs especially since U. Iowa didn't have an automated financial billing system. Michael Davis offered to share a copy of their Clinical Trials Management Application (CTMA) and documentation as a way to obtain general information on existing systems. Jill Kuennen to coordinate review of the UPMC CTMA system with the assistance of U. Iowa DBAs. The creation of a common workflow was felt to be the ultimate goal of the SIG and the difficulties of harmonizing workflows that could applied uniformly to all centers and to different types of clinical trials (industry sponsored, investigator sponsored, etc) were discussed such as different billing procedures used by different sponsors (itemized vs per visit) etc. This would require that the different organizations use a standard budgeting procedure. Jill Kuennen provided an overview of the global financial billing workflow followed at U. Iowa based on information gathered from investigators,

research coordinators and financial people. A significant aspect of the workflow was determining what was paid by research and by insurance, obtaining an estimate of the cost based on the individual procedures within the study calendar from the concerned departments and finding out who to bill them to. At the U Iowa this was done by the finance department. One bottleneck in this scheme was that (the research or the insurance) prices for individual procedures were not published by the concerned departments and could only be obtained by contacting the concerned personnel within each department and this was usually a protracted process. One reason why prices were not published is because they may change frequently and differed based on type of sponsor or study.

Another issue was that frequently the differentiation between standard care and research was not clear for the many users interacting with the system (viz., financial people) and therefore may lead to incorrect charges being applied for a certain procedure.

In addition, sometimes procedures are billed to the study, or to the subject or to the insurance incorrectly and the billing people needed input from the research coordinators to correct the errors. This also led to a prolonged follow up although it should have been taken care of in the study calendar. One reason for this as put forth by Michael Davis was the lack of uniform hospital codes that link standard charges to the billing systems. Karen Roz Hauck described the billing process at Johns Hopkins where every approved budget is assigned a financial budget number and all procedures are assigned special financial codes that link back to the protocol (based on a form that is filled out once the study is approved) and are used to track procedures.

As procedures are completed, the expenditures are logged into a University accounting system and the budget person receives the balance sheets from the accounting system. At the same time the budget person also keeps track of the expenditures on a personal spread sheet, which is later checked manually against the balance sheet received from the accounting system. This is done for every protocol. A similar procedure was used at Georgetown. In CTMA milestone events of billing are captured as soon as a billable procedure or a treatment is completed. The UPMC approach for fiscal information was based on how many cycles were completed based on the number of accruals and what treatments were provided. At Johns Hopkins, the data manager keeps track of the milestones and the payment schedules through an Excel spreadsheet.

A clear need from the SIG discussion was the need for a system of financial codes and the need to educate the financial people on the different aspects of the clinical trials process and the financial billing system specifically.

Some differences between U. Iowa system and others (UPMC, Johns Hopkins) where payment for travel and accommodation to patients are made were discussed.

Action Items:	• Identify fiscal person to attend teleconferences • Expand the financial billing workflow to expose further details of the process and to identify similarities and differences between existing financial billing systems • Develop a system of codes to track procedures from the study calendar down to billing • Understand how Johns Hopkins assigns codes for the different procedures (Karen Roz Hauck)